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Late in 1965, District Council 37 of the American Federation of State, County, and Municipal Employees explored with the Department of Labor the possibility of developing a program to upgrade nurses' aides to Licensed Practical Nurse. The program was proposed under Title I of the Manpower Development and Training Act and included provision for training through the School of Practical Nursing of the New York Board of Education. The innovation in the program was that the trainees could move from the aide to the Licensed Practical Nurse level without disrupting their employment by working half-time and training 25 hours per week while receiving training allowances. Finally in June, 1967 funding was secured and the first training sections of 150 each began the program in September, 1967. Through collective bargaining negotions which were concluded in November, 1966, the union also secured agreement on the establishment of new promotional jobs for aides in nursing, housekeepers, and dietary and the initiation of training for these jobs. Two training agencies were involved: Skill Advancement, Inc. and the New York City Community College of Applied Arts and Sciences. (JK)

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BUILDING CAREER LADDERS IN HEALTH OCCUPATIONS - OPPORTUNITIES AND OBSTACLES

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District Council 37, AFSCME, represents the 16,500 aides who work in the municipal hospitals in New York City. From the outset of intensive organizing in 1965, the union stressed career opportunities as the center of its program, along with the traditional subjects of collective bargaining -- wages, hours, working conditions, and fringe benefits. The response to this program was enthusiastic; these employees want and deserve the opportunity to increase their skills and knowledge, to carry greater responsibility, to receive increased status and dignity. The union undertook to satisfy these desires. In the course of doing so, certain problems arose, along with interesting possibilities.

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1. Up-Grading Under Federal Programs

Late in 1965 the union explored with the U.S. Department of Labor the possibility of their supporting a program to upgrade nurses' aides to Licenced Practical Nurse. Encouraged to pursue the idea, the union opened discussions with the New York City Department of Hospitals. Initially skeptical, department officials gradually came to accept the idea. Commissioner Alonzo S.Yerby agreed to sponsor the project jointly with the union, illustrating the possibility of labor-management cooperation in the upgrading of employees. Officials who negotiated the proposal with the union found it difficult to free themselves of the adversary context in which they were accustomed to view the union. They also resisted the kind of self-analysis which was required to

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demonstrate the need for outside funds and a new approach to training needs, because such an analysis was seen as reflecting on the past response of the Department to these needs. Consequently, the negotiation was protracted, but a joint proposal was submitted in June, 1966. Further delay ensued because of the intervention of another union which claimed that the U.S. Department of Labor could not proceed until the question of representation had been resolved. This referred to a representation election which had been held in December, 1965, and won by an affiliate of District Council 37. The defeated union successfully delayed final certification until September 1, 1966, whereupon this obstacle disappeared.

There were others, however. The proposal as submitted was an Experiment and Demonstration ("E & D") project under Title I of the Manpower Development and Training Act (MDTA). Federal approval of such programs follows state action. The state agencies must review and approve the proposed curriculum and budget, which is prepared in great detail. This took many weeks, even though these details were submitted by an approved training institution with substantial prior experience in the training of LPN's, namely, the School of Practical Nursing of the New York Board of Education. Thereafter, the regional officials of the Federal agencies involved - Labor and Health, Education and Welfare - were required to review and approve before the proposal could go to Washington. By the time this was achieved, budgetary limitations intervened, and the Federal officals found it necessary to reduce the number of trainees from 450 to 300, and the number of cycles -- of 150 trainees each -- from three to two. This change required another complete cycle of budget-making, review and approval. It was not until June, 1967 -- 19 months after the first inquiry -- that funding was finally secured. Consequently, the first class of 150 did not begin training until September, 1967.

The innovation in this project is its promise of enabling existing hospital workers to move from the aide to the LPN level without leaving or disrupting their employment relationship. They work half-time as aides, and take training for 25 hours per week, receiving training allowances under MDTA for this period. The combined income enables older women, women with children, and other aides to take advantage of an opportunity which would never otherwise have been theirs. The motivation to take part was dramatically illustrated. Early in the discussions, a letter was distributed to the 8,000 nurses' aides describing how the program would work and soliciting responses. 2,600 aides expressed an interest. A year later -- when collective bargaining agreements had provided substantial increases in aides' salaries -- formal applications were distributed, and this time there were 2,000 responses. There can be no question of the desire of nurses' aides for this kind of opportunity.

The major problem which the program will face is the skepticism among nursing and administrative circles that aides are fully capable of being trained to function as competent LPN's. This means that, in addition to the regular training curriculum, two special features are needed:

1. Psychological preparation of the trainees for the attitudes they will meet, and the relationships they must establish with supervisors, patients, and those who remain as aides. For this phase of training, innovational programmed instructional material is being developed under a private contract.
2. Orientation and condition of the nursing and administrative staff to build in the maximum possible positive response to this program.

For these and other tasks, the project includes professional staff. The results of their work should prove instructive and helpful.

2. Up-Grading Through Collective Bargaining:

Certification of the union was followed by the first collective bargaining negotiations, which were concluded in November, 1966. In addition to significant increases in wages, hours, working conditions, and fringe benefits, the union secured agreement on the establishment of new promotional jobs for aides in all three services: nursing, housekeeping, and dietary. In each service a new title is being created -- Senior Aide -- with a differential of $240 per year over the regular aide salary. The union successfully urged two proposals:

1. These new jobs would combine superior technical knowledge with certain limited supervisory and/or pedagogic functions.
2. Incumbents or new entrants in these jobs would undergo training, and -- in most instances -- successful completion of training would be a condition for keeping or acquiring the title of Senior Aide.

One flaw was the virtual absence of training facilities and funds in the Department. The union took the initiative in resolving this dilemma, at least on a temporary basis, by seeking out competent training agencies and, where necessary, arranging that they receive funds to perform the necessary training. So far two training agencies have been involved:

- Skill Advancement, Inc., founded by Cornell University, the Urban League, and the Puerto Rican Forum to carry out intensive training of low-income and low-level workers leading to upgrading;
- New York City Community College of Applied Arts and Sciences, under a contract with the U.S. Department of Labor, Bureau of Apprenticeship and Training, through the Social Development Corporation.

Classes for Senior Housekeeping Aides began on April 17, and for Senior Dietary Aides on July 10th, 1967. Classes for Senior Nurses Aides will begin in the fall of 1968.

Conclusions:

The present contract expires December 31, 1968. Union goals in the subsequent agreement will include as a key element the expansion of the "senior aide" concept, the addition of new promotional jobs, increased differentials for senior aides, and increased training to equip employees to assume greater responsibility and to secure greater recognition. With increased attention to this area, will come increasing resistance from upper levels of the nursing and administrative services, who frequently regard the aspirations of "non-professional" employees as a lowering of standards and an encroachment on their professional and managerial prerogatives.

The union firmly believes in raising, not lowering, standards of performance in hospitals. One important way to do this is to motivate employees to a higher level of performance, by recognizing and rewarding their contribution. This is not done in most hospitals -- voluntary and municipal. Professionals can function best when they have the assistance of a supporting team in which they can have confidence, so as to free them for their professional jobs. That is why this program can be seen as in the long-run interest of the professional and the patient.

There are other implications. There is ample evidence that entry into professional levels of health care depends overly much on formal credentials acquired early in life. This requirement tends to accentuate the shortages of nursing and other health professionals while permanently barring many people, especially minority group members, from the opportunity to secure these credentials and thus aspire for a professional

career. This problem needs attention. It is possible and desirable to provide the opportunity for working people to acquire the necessary credentials without a total disruption of their working lives and without requiring them to reduce their incomes. The Federally funded upgrading program described earlier offers one way to do this.

There is also the question of examining these credentials themselves. To the degree that they are unrealistic or outmoded, and to the degree that they operate to perpetuate rather than to reduce chronic shortages, they need impartial and thorough scrutiny. Where appropriate, they should be modified. Where possible, individuals should be able to offer their working experience in partial substitution of formal academic credentials. In this way, new opportunities to meet the growing need for qualified health personnel will present themselves.

This is not an easy or quick job. Conventional thinking dies hard, particularly when those who apply it have power and fear the consequences of change. Nevertheless, the forces of change are insistent, and will ultimately prevail.